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year 1886 to the Imperial Bureau of Health by the Federal States and Alsace-Lorraine. On July 16, 1885, the imperial chancellor addressed a circular letter to the governments of the States urging the collection of as full statistics as could be obtained relative to the occurrence of cases of smallpox, the material so collected to be elaborated by the Imperial Bureau of Health. The circular was accompanied by a model report card adapted to the purpose. The card was designed to be filled in by the attending physician, or if no physician was in attendance, by the local authority. Most of the Federal State governments and the governor of Alsace-Lorraine issued the necessary ordinances in compliance with the circular. When by ministerial ordinance of January 29, 1896, Prussia agreed to participate in the system of reporting by card it became possible to obtain complete and uniform statistics of the occurrence of smallpox throughout the Empire. Finally, by resolution of the Imperial Council January 28, 1904, the card-reporting system was enacted into law and made binding upon all the States of the Empire.

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## MALARIA.

### THE USE OF TRYPSIN AND AMYLOPSIN IN ITS TREATMENT.

[Abstract of a report in the Journal of the Royal Army Medical Corps (London), December, 1913.]

Maj. F. W. Lambelle comments upon the current belief in the specificity of quinine in all kinds of malarial fevers. He states that his experience in China and India is not in accord with this belief, for in the Orient relapses frequently occurred after quinine treatment, both in the benign and malignant infections, and seemed as frequent in the one infection as in the other. As he states: "Patients return to hospital deaf from cinchonism, ill with fever, and showing parasites in the peripheral blood."

Beard had suggested the use of the pancreatic ferments, trypsin and amylopsin, to destroy the plasmodium of malaria. Lambelle first tried these ferments in January, 1913. He selected cases of severe infection and those showing relapses. Clinically, the results were said to be very noticeable, there being a marked change in the patient in a few hours, with permanent improvement.

The method of treatment was by intramuscular injections of the enzymes, trypsin and amylopsin. The trypsin dose had a digestive value of 1,250 "Roberts units" and the amylopsin one of 500 "Roberts amylolytic units." The preparations used were sterile and stable. The injections were made into the muscles of the buttock. The ferments diffuse slowly from the tissue and some local edema remains for 12 to 24 hours. There is very little local pain.

The general effect as seen in the cerebral type of cases is described as follows: The headache vanishes, the restlessness ceases, the skin becomes moist, the temperature falls, the patient's aspect is totally changed in a few hours, and he feels fresh and looks bright. As a rule, a single injection is sufficient to clear the peripheral blood of parasites. In severe infections three injections, given at intervals of about four days, are believed by the author to be necessary to effect a cure. He repeats the injections until the enzyme itself causes a rise in the patient's temperature. This usually occurs with the third injection. There were said to be no relapses in cases in which the treatment had been carried on in this way.

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## **TUBERCULOSIS.**

### **NOTIFICATION OF CASES IN CALIFORNIA.**

[From the Monthly Bulletin of the California State Board of Health for December, 1913.—Report of the Director of the Bureau of Tuberculosis for November.]

A circular letter has been mailed to each health officer in the State with the morbidity report blanks calling attention to the law of 1907 which includes tuberculosis with other reportable diseases. Those health officers who are already reporting tuberculosis were requested to offer suggestions as to methods of making the registration of tuberculosis complete. Some of the replies are very interesting as evidence of an awakening to the need of the measure as a first step in State-wide prophylaxis.

Here are a few of the suggestions:

That the State board recommend to the city councils that they pass ordinances for registration of the tuberculous, with a penalty for failure to report.

These ordinances exist in some cities, but do not enforce themselves. There must be an enlightened public sentiment established first, which is the power behind the throne.

A letter to each physician in the State from the State board of health demanding a complete report to local health officers, or explaining the law and urging them to be prompt and regular.

Circular letters of this kind are expensive and bring rather poor returns, partly because they are not read and partly because they are disregarded.

See that health officers are appointed who will do their duty and report them to their trustees or supervisors if they are neglectful.

The first part of this proposal would be more difficult than the last, but either plan might give some surprising results.

It is also suggested that doctors be urged to make a list of all cases known to exist at present and submit this at once, then as new cases are diagnosed to report them promptly to the local health officer.